Effective January 1, 2003														
			SMALL TYPE			OR	OTHER SMALL	THA						
TOTAL CLAIMS			19					RATE		FEE		RATE	·F	EE-
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	375.00	OR	BASIC FEE	750	0.00
TOTAL CHARGEABLE CLAIMS			1 5 minus 20=		•		X\$ 9=		1	OR	V			
INDEPENDENT CLAIMS			3 minus 3 =		• .			X42=						
MULTIPLE DEPENDENT CLAIM P					m			A42:		_	OR	X84=		
							+140	=	(OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	L	315.	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	LE	NTITY	OR	OTHER		
A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	TIC	DDI- NAL EE
NDMENT	Total	. 17	Minus	. 2	20	•		X\$ 9	1		OR	X\$18=	,	
AMEN	Independent	• 4 0	Minus		3	114		XXX.		60,00	OR	X84=	I	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	ENDEN	CLAIM		J	+140			OR	+280=		
		18 19					İ	TOT ADDIT. F			OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)							<u></u>	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	TIC	DDI- DNAL EE
AMENDMENT	Total	. 17	Minus	- 0	20	2		X\$ 9	=		OR	X\$18=		
AME	Independent	NTATION OF M	Minus	PENDENT	CAIM	-	-	X42=	=		OR	X84=		
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		(Column 1)		(Colum		(Column 3)	4							
MENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	TIC	DDI- DNAL EE
Š	Total	•	Minus	44		8		X\$ 9:	=		OR	X\$18=		
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	f the ease is ease.	ma 1 ie kee Mas i	ha aster la col	ima 2 will	a TT in co	luma 3		+140			OR	+280=	 	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE											ADDIT. FEE			
	The "Highest Nun	nber Previously Pa	id For (Total o	r Independ	ent) is the	e highest numb	er to	und in the	appr	opriate bo	x in co	<u>ർഗ്ന</u> 1.		

Application or Docket Number

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